

P/00000010367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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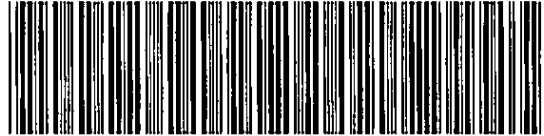
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CONNECT2GIVE INC.

Name of Corporation

**DOCUMENT NUMBER:** P10000010367

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICHOLY (NIKKI) HUYER

Name of Contact Person

CONNECT2GIVE INC.

Firm/Company

333 SE 2nd Avenue, Suite 2000

Address

Miami, Florida 33131

City/State and Zip Code

Nikki@Connect2give.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholy (Nikki) Huyer

Name of Contact Person

at ( 305 ) 803-0386

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: CONNECT2GIVE INC.
2. The principal office address: 333 SE 2nd Avenue, Suite 2000  
Miami, Florida 33131
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 02/03/2010 Document number: P10000010367

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NICHOLY (NIKKI) HUYER

520 Stirling Road

Dania, FL 33004

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NICHOLY (NIKKI) HUYER

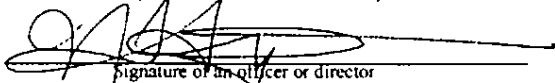
333 SE 2nd Avenue, Suite 2000

P.O. Box NOT acceptable

Miami, Florida 33131

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

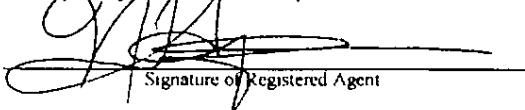
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Nicholy (Nikki) Huyer, President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

December 18, 2017

Date

If signing on behalf of an entity:

Nicholy Huyer  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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